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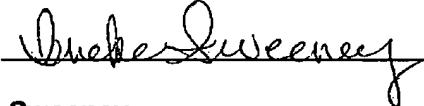
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TO: Mail Stop AF
Commissioner for Patents
United States Patent and Trademark Office
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Fax No. (571) 273-8300
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FROM: Ineke C. Sweeney
Fax No. (513) 634-3612
Phone No. (513) 634-3114

Listed below are the item(s) being submitted with this Certificate of Transmission:

1) Notice of Appeal

Number of Pages Including this Page: 3

2) Fee Transmittal

Inventor(s): Stelljes, Jr., et al.

3)

S.N.: 10/673,659

4)

Filed: September 29, 2003

Conf. No.: 1772

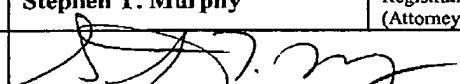
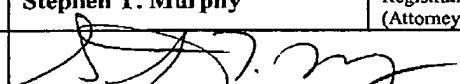
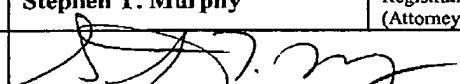
Case: 9372

Comments:

FEE TRANSMITTAL for FY 2005 Patent fees are subject to annual revision. Effective December 8, 2004		Complete if Known	
		Application Number	10/673,659
		Confirmation Number	2454
		Filing Date	September 29, 2003
		First Named Inventor	Stelljes, Jr.
		Examiner Name	D. J. Loney
Art Unit	1772		
TOTAL AMOUNT OF PAYMENT (\$300.00)			
Attorney Docket No. 9372			

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METHOD OF PAYMENT		FEES CALCULATION (continued)																																									
1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company		5. ADDITIONAL FEES <table> <tr> <td>Fee Description</td> <td style="text-align: right;">Fee Paid</td> </tr> <tr> <td>Extension for reply within 1st month</td> <td style="text-align: right;">(\$120) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2nd month</td> <td style="text-align: right;">(\$450) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3rd month</td> <td style="text-align: right;">(\$1,020) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4th month</td> <td style="text-align: right;">(\$1,590) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5th month</td> <td style="text-align: right;">(\$2,160) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td style="text-align: right;">(\$180) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td> <td style="text-align: right;">(\$130) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17(g) Surcharge - Late provisional filing fee or cover sheet</td> <td style="text-align: right;">(\$50) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td style="text-align: right;">(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td style="text-align: right;">(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td style="text-align: right;">(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td style="text-align: right;">(\$1,000) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td style="text-align: right;">(\$1,370) <input type="checkbox"/></td> </tr> <tr> <td>Other: <u>Notice of Appeal</u></td> <td style="text-align: right;">(\$300.00) <input checked="" type="checkbox"/></td> </tr> </table>		Fee Description	Fee Paid	Extension for reply within 1 st month	(\$120) <input type="checkbox"/>	Extension for reply within 2 nd month	(\$450) <input type="checkbox"/>	Extension for reply within 3 rd month	(\$1,020) <input type="checkbox"/>	Extension for reply within 4 th month	(\$1,590) <input type="checkbox"/>	Extension for reply within 5 th month	(\$2,160) <input type="checkbox"/>	Information Disclosure Statement fee	(\$180) <input type="checkbox"/>	37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>	37 CFR 1.17(g) Surcharge - Late provisional filing fee or cover sheet	(\$50) <input type="checkbox"/>	Non-English specification	(\$130) <input type="checkbox"/>	Notice of Appeal	(\$500) <input type="checkbox"/>	Filing a brief in support of an appeal	(\$500) <input type="checkbox"/>	Request for oral hearing	(\$1,000) <input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370) <input type="checkbox"/>	Other: <u>Notice of Appeal</u>	(\$300.00) <input checked="" type="checkbox"/>										
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4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </table> <table> <tr> <td>Total Claims</td> <td><input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Independent Claims</td> <td><input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td><input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> </table> <p>** or number previously paid, if greater; For Reissues, see below</p>			Extra Claims	Fee from Below	Fee Paid	Total Claims	<input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>			Independent Claims	<input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>			Multiple Dependent claims:	<input type="checkbox"/> = <input type="checkbox"/>			Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim)		SUBTOTAL(5) (\$) <input type="checkbox"/> [300]																							
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SUBMITTED BY <table> <tr> <td>Name (Print/Type)</td> <td>Stephen T. Murphy</td> <td>Registration No. (Attorney/Agent)</td> <td>42,917</td> <td>Telephone</td> <td>(513) 634-4268</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> <td>Date</td> <td>November 18, 2005</td> </tr> </table>		Name (Print/Type)	Stephen T. Murphy	Registration No. (Attorney/Agent)	42,917	Telephone	(513) 634-4268	Signature				Date	November 18, 2005																														
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